

DFI Alberta Snaffle Bit Futurity



Claresholm Agriplex September 3rd – 5th, 2010

Owner Name _____ Address _____

City _____ Province _____ Postal code _____

Phone; _____ E-Mail _____

Rider Name _____ Address _____

City _____ Province _____ Postal Code _____

Phone: _____ E-Mail _____

Horse Name _____ Breed _____

Registration Number _____ Sex _____

Sire _____ Dam _____

Date Foaled _____

* Futurity & Derby Entries **must** include a copy of the horse's registration papers or a written veterinary age authentication must accompany the entry. Failure will constitute an incomplete entry.

Awards &/or Prize Monies to the rider

Entries must be received on or before 6:00 pm August 16, 2010 to avoid late charges

Mail: c/o Catalyst Accountants 250 200 Quarry Park Blvd SE Calgary AB T2C 5e3 fax: 403-296-0088

email:terrih@catalystsolutions.ca

Late entries accepted August 17 - 20, 2010. No entries accepted past August 20th. Draw will be made on August 25th

I, the undersigned, hereby release the Alberta Reined Cow Horse Association & Willow Creek Ag Society , their officers, members, agents, employees, representatives, or any of them, of and from all claims demands, action or cause of action of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue in favor of myself, my heirs, representatives or dependents, on account of, or by reason of any injury, loss, or damage, which may be suffered by me or them or any of them or to any property , animate or inanimate, belonging to me or used by me, because of any matter, thing, condition, negligence or default whatsoever, and I hereby assume and accept the full risk of danger of any hurt, injury, or damage which may occur through or by any reason or matter, thing or condition, negligence or default, or any person whatsoever. By my signature below I hereby acknowledge that I meet the criteria for eligibility to compete in the classes entered according to the guidelines set forth.

I have read the terms and conditions of the entry into this event and agree to abide by those terms and conditions and the ARCHA rulebook. I hereby grant the ARCHA, the right to record, broadcast and otherwise exploit, in any and all media, my performance in the event, and to use my and my horse's name, likeness, voice and biographical in connection therewith.

I warrant that I am of legal age, or am the parent or legal guardian of the participant named above, and that I have read and fully understand the foregoing terms.

Signature _____

Date _____

Printed Name _____

DFI Alberta Snaffle Bit Futurity

&



September 3 - 5, 2010 Claresholm Alberta

Use a separate entry sheet for each horse

Class	Futurity	Pattern	Purse	Added Money	Office/ Cattle	Total Entry fee
1	Open	2	\$ 7,500	\$ 500	\$ 420	\$ 920.00
2	Limited Open	2	\$ 2,500	\$ 250	\$ 420	\$ 670.00
3	Non Pro	2	\$ 3,500	\$ 300	\$ 420	\$ 720.00
4	Intermediate Non pro	2	\$ 1,000	\$ 150	\$ 420	\$ 570.00
Derby						
5	Open	8	\$ 3,500	\$ 400	\$ 420	\$ 820.00
6	Limited Open	8	\$ 1,000	\$ 150	\$ 420	\$ 570.00
7	Non Pro	8	\$ 2,500	\$ 250	\$ 420	\$ 670.00
8	Intermediate Non pro	8	\$ 1,000	\$ 150	\$ 420	\$ 570.00

Credit for cross entry in classes 1 & 2, 3 & 4, 5&6 or 7&8 \$ (315.00)

Stalls (Wednesday to Monday am) \$94.50

Stall With _____ (not guaranteed)

Late Fee (entries received August 17 - 20, 2010) \$ 100

Thursday practice works \$94.50 - must be pre-booked

Thursday paid warm-up \$21.00 - must be pre-booked

ARCHA Membership (attach application form with entry - available on website)

Tickets for banquet _____ @ \$25 person

Camping \$42.00

4% handling charge for VISA or Mastercard payments (please indicate if you would like to use a credit card to guarantee the entry but pay by cash or cheque)

Yes _____ No _____

Total Amount Owing _____

Payments by cheque should be made payable to ARCHA. Entries must be received on or before **August 16, 2010** to avoid late charges. Mail entries to:
 c/o Catalyst Accountants 250, 200 Quarry Park Blvd SE Calgary Alberta T2C 5E3
 fax: 403-296-0088 email: terrih@catalystsolutions.ca

Number	_____	Visa _____ Mastercard _____ Expiry _____
Name as it appears on Card:	_____	
Cardholder signature	_____	
I agree to allow the ARCHA to charge any funds due to dishonored chequest to this credit card	X _____	
Date	_____	